

3040

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <div style="border-bottom: 1px solid black; width: 150px; margin-top: 5px;"> </div> </p> <p style="text-align: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <div style="border-bottom: 1px solid black; width: 100px; margin-top: 5px;"> 6-20-06 </div> </p> <p>Address different from item 1? <input type="checkbox"/> Yes Delivery address below: <input type="checkbox"/> No</p>
<p>Nurse Wormley Easterling Correctional Facility 200 Wallace Drive Clio, AL 36017</p>	
<p style="text-align: center;">40 days</p> <p>2:06cv511-wkw (complaint/answer)</p> <p>2. Article Number (Transfer from service label) 7005 1160 0001 2962 4424</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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<p>Officer Whitehead Easterling Correctional Facility 200 Wallace Drive Clio, AL 36017</p>	
<p style="text-align: center;">40 days</p> <p>2:06cv511-wkw (complaint/answer)</p> <p>2. Article Number (Transfer from service label) 7005 1160 0001 2962 4417</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	